

FILED DEC 18 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 42999

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>10275</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5311 Alfred Ave.</b>				d. STREET ADDRESS (If rural, give location) <b>5311 Alfred Ave.</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Bernard</b>		b. (Middle) <b>Henry</b>		c. (Last) <b>Wessels</b>	
4. DATE OF DEATH		(Month) <b>Nov.</b>		(Day) <b>30,</b>		(Year) <b>1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>June 27, 1900</b>		9. AGE (In years last birthday) <b>50</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mill Chauffeur &amp; Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>St. Louis Dairy</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Henry Wessels</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Klosterman</b>		14. NAME OF HUSBAND OR WIFE <b>Agnes Wessels</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <b>492-07-8483</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Agnes Wessels</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary embolism</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION _____				INTERVAL BETWEEN ONSET AND DEATH <b>2 hours</b>	
19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>4201</b>			
22. I hereby certify that I attended the deceased from <b>8-23-</b> , 19 <b>50</b> , to _____, 19____, that I last saw the deceased alive on <b>8-23</b> , 19 <b>50</b> , and that death occurred at <b>2 A.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>D. C. Seib</b>				23b. ADDRESS <b>2323 Lafayette St. Louis</b>		23c. DATE SIGNED <b>12/1/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/1/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Petr &amp; Paul Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>	
DATE REC'D BY LOCAL REG. <b>DEC 2 1950</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John H. Gebken Sons</b>			
				ADDRESS <b>2630 Gravois Ave.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Julia*

DEC 18 1930

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Robert F. Gibbons*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *4144*

P. O. Address *2630 Gravois*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.